* * * * * * * * * * * * * * * * * * *									101726,538				
· J*								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOF									10226538				
Effective October 1, 2003													
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
	STAL CLAILEC		(Column	1)	(Colu	mn 2)	1	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			1/5					RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			#8 minus 20=		. 18			X\$ 9=		OR	X\$18=	324	
INDEPENDENT CLAIMS			4. minus 3 =		• /	1 11		X43=		OR	X86=	86	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT			ď		.145	1.		. 200	200	
- If	the difference	in column 1 is	less than ze	n zero, enter "0" in column 2				+145=	╄	OR	+290=	1106	
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL		OR	TOTAL	1411)	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS		HIGH	EST		1		ADDI-	1		ADDI-	
		REMAINING AFTER		PREVIC	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID	,	- /		VC 0.	FEE		X\$18=	FEE	
	Independent	* ? <i .<="" td=""><td>Minus</td><td>** 78</td><td>1</td><td>- /</td><td></td><td>X\$ 9=</td><td> </td><td>OR</td><td></td><td>/</td></i>	Minus	** 78	1	- /		X\$ 9=	 	OR		/	
AM		NTATION OF MI			CLAIM	<u> </u>		X43=		OR	X86≠		
								+145=	/	OR	+290=		
								TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING		HIGH		PRESENT	1		ADDI-			ADDI-	
		AFTER AMENDMENT	·	PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	• 77	Minus	- 3	8	- /		XS 9=		OR	X\$18=	7	
	Independent	. 3	Minus .	***	4	- /	1	X43=		•	X86=	-/ -	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	742=		OR	A00 =	· / -	
								+145=		OR	+290=	/ .	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) . (Column 2) (Column 3)													
Ξ.	`	CLAIMS . REMAINING	1	HIGHE: NUME		PRESENT.	lΓ		ADDI-			ADDI-	
		AFTER AMENDMENT	·	PREVIO PAID F		EXTRA	П	RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	an ,		5		X\$ 9=		OR	X\$18=		
	Independent	4	Minus	***	•	E	 	X43=			XB6=		
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			V42=		OR	^00=		
+145= OR +290=													
#	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												
		nber Previously Pa ber Previously Paid							propriate box		-		